

# New Prescription Drug Changes Effective October 1, 2008

## Prior Authorization Requirements

Effective October 1, 2008, new prescriptions for the medications **Byetta**, **Symlin**, **Fentora**, and **Seroquel** will require a prior authorization from the physician before the medications will be covered by PEEHIP. This prior authorization process is necessary to prevent members from using the medications for non-FDA approved indications. These drugs will only be covered for the FDA-approved medical conditions and will not be approved for such off label use as weight loss, athletic performance enhancement as well as for pain management, insomnia, and headaches.

## Quantity Level Limit (QLL) Requirements

Effective October 1, 2008, the PEEHIP Board extended the quantity level limit program to the following medications: **Enbrel**, **Humira**, **Actiq**, **Fentora**, **Oxycontin**, **Migranal**, **Imitrex**, and **Zomig**. The quantity level limit feature in the prescription drug plan is necessary to ensure the prescription drugs are prescribed in a safe manner to prevent our members from obtaining a quantity that does not meet the FDA guidelines and to prevent abuse and misuse of these prescription drugs. **Actiq**, **Fentora**, and **Oxycontin** are Schedule II narcotics and are prescribed for patients with chronic illnesses such as cancer to prevent breakthrough cancer pain. **Enbrel** and **Humira** are prescribed to treat inflammatory disorders. **Imitrex**, **Migranal**, and **Zomig** are prescribed to treat migraine headaches.

## Expansion of the Step Therapy Program

The PEEHIP Board approved eight new drug classes to be included in the Step Therapy drug program. Step therapy is organized in a series of steps with your doctor approving your medications every step of the way. The first step drugs are usually the therapeutically equivalent generic drugs, and the second step drugs are generally the brand name drugs.

The expansion of the PEEHIP Step Therapy program will apply to new prescriptions written on or after October 1, 2008. Anyone who is currently on the brand name medications will be grandfathered in and will not be subject to the step therapy process if there has not been more than a 130-day lapse in the purchase dates. More information is located on the RSA Web site.

Drug classes and examples of the medications that will be part of the expansion of the PEEHIP Step Therapy program on October 1, 2008, are shown on the following chart.

| Step Therapy Program Name                                      | Indication                         | If the prescription is for one of these targeted step drugs:                                  | Try one of these first step drugs:   | This program will grandfather current utilizers as well as new utilizers with:                                     |
|--|------------------------------------|---|--|--|
| <b>Lyrica</b>  | Nerve pain, Seizures, Fibromyalgia | Lyrica  | gabapentin (generic for Neurontin)   | Prior use of gabapentin (60 day trial required), seizure medications, or diabetic medications in the last 130 days |
| <b>Nasal Steroids</b>  | Allergies                          | Rhinocort Aqua, Beconase AQ, <b>Nasacort AQ</b> , Nasarel, <b>Nasonex</b> , Flonase, Veramyst | fluticasone propionate (generic for Flonase)<br>flunisolide (generic for Nasarel)                            | Prior use of 1 first step medication in the last 12 months   |
| <b>Non-sedating Antihistamines (NSA) and Decongestants (D)</b> | Allergies                          | Clarinet, Clarinet-D, Allegra-D, Allegra, Xyzal   | fexofenadine (generic for Allegra)   | Prior use of 1 first step medication in the last 12 months   |
| <b>Leukotrienes</b><br><i>Updated lookback period</i>          | Allergies                          | Singulair   | nasal corticosteroid <b>AND</b> Antihistamine/Decongestant (Must try both before brand name can be approved) | Prior use of 1 first step medications in the last 12 months (previously 130 days)                                  |
| <b>Overactive Bladder (OAB)</b>                                | Overactive Bladder                 | Detrol, Detrol LA, Sanctura, <b>Vesicare</b> , Enablex, Oxytrol,                              | oxybutynin IR (generic for Detrol)<br>oxybutynin XL (generic for   | Prior use of 1 first step medication in the last 130 days  |

|                                 |   |                              |  |  |
|---------------------------------|---|------------------------------|--|--|
|                                 |   | Ditropan, <b>Ditropan XL</b> | Detrol LA)   |  |
| <b>Avodart</b>                  | Urinary retention due to Benign Prostatic Hypertrophy | Avodart, Proscar             | finasteride (generic for Proscar)  | Prior use of 1 first step medication in the last 130 days  |
| <b>Bisphosphonates Enhanced</b> | Osteoporosis (Condition of bone loss)                 | Boniva                       | alendronate (generic for Fosamax), <i>then a formulary brand such as <b>Actonel, Actonel Plus Calcium, Fosamax Plus D</b></i>  | Prior use of 1 first step medication in the last 130 days. This is a 3-step enhanced program.  |
| <b>Tekturna</b>                 | Hypertension  | <b>Tekturna</b>              | <p><u>ACE INHIBITORS:</u><br/> Generics:<br/> Captopril; Enalapril; Lisinopril; Moexipril; Fosinopril, Benazapril, Quinapril, Trandolapril, Ramipril</p> <p>Brands:<br/> Capoten; Vasotec®; Prinivil®, Zestril®; Univasc®, Lotensin®; Monopril®; Accupril®; Aceon®; Altace®; Mavik®</p> <p><u>ACE INHIBITOR COMBINATIONS:</u><br/> Generic combinations:<br/> Captopril/HCTZ;<br/> Enalapril/HCTZ;<br/> Lisinopril/HCTZ;<br/> Benazapril/HCTZ;<br/> Quinapril/HCTZ; Fosinopril HCT; Moexipril/HCTZ;<br/> Benazepril/Amlodipine</p> <p>Brand combinations:<br/> Capozide; Vaseretic; Prinzide; Zestoretic; Lotensin HCT; Accuretic; Monopril HCT; Uniretic; Lexxel; Lotrel; Tarka</p> | Prior use of 1 first step medication or ARB/combo in the last 130 days. There are other generics available that are proven to be beneficial in high risk patients. |

**Key:** Bold font indicates formulary brands; lower case font indicates generics